



Illinois Department of Insurance

PAT QUINN
Governor

ANDREW BORON
Director

Re: Utilization Review Organization Renewal Application

Dear Sir/Madam:

If you wish to renew your Utilization Review Organization registration, all information requested on the attached renewal application must be furnished and accompanied by a check for the appropriate renewal fee. All checks are to be made out to the Director of Insurance. Should your company no longer engage in utilization review, please notify this Department in writing. Any entity, which operates a program for utilization review in this State, and fails to register such program, may be construed as an unlicensed insurer and will be subject to corrective action.

Pursuant to statute, those organizations performing Utilization Review are required to pay a biennial fee of \$3000.00 unless your company is accredited by one of the following, as stated in 50 Illinois Administrative Code Section 5420.130, then the fee would be \$1500.00.

1. For Health Care Utilization Review Organizations, accredited with the American Accreditation Healthcare Commission (URAC), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the National Committee for Quality Assurance (NCQA) and
2. For Workers' Compensation Utilization Review Organizations, accredited with the American Accreditation Healthcare Commission's (URAC) Health Utilization or Workers' Compensation Utilization Management standards

Registration standards, guidelines, exhibits and URAC links can be accessed at:

http://insurance.illinois.gov/URO/URO_links.asp

If you have questions, please contact the Illinois Department of Insurance at 217-557-6953 or DOI.Managed.Care@illinois.gov.

Sincerely,

A handwritten signature in black ink that reads "J. Wayne Clearwater".

David E. Grant
Deputy Director
Health Products Division



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Health Care/Workers' Compensation Utilization Review Renewal Registration Form

Company Name _____
FEIN _____
Contact Person _____
Email Address _____
Street Address _____
City, State, Zip _____

Renewal registration for Health Care and Workers' Compensation Utilization Review Programs covering
period __/__/__ thru __/__/__.

Instructions for completing renewal registration:

Please verify all information regarding company name, contact person and address to be complete and accurate.

Please provide the following information:

Number of lives for which utilization review is conducted by each utilization program for the current year:

_____Health Care _____Workers' Compensation

Number of lives for which utilization review is conducted by each utilization program for the previous year:

_____Health Care _____Workers' Compensation

A current copy of the applicable accreditation certificate from URAC, JCAHO, NCQA and

Any material changes to the information filed under your prior registration; and

A check for registration: \$3000.00 if not accredited by URAC, JCAHO, NCQA or \$1500.00 if your company is
accredited by URAC, JCAHO, NCQA.

Affirmation (to be signed by an officer or director of the utilization review organization):

I, _____ do hereby certify that
(typed or printed name and title)

(utilization review organization)

complies with Health and/or Workers' Compensation Utilization Management Standards of the American Accreditation
Healthcare Commission (URAC) sufficient to achieve American Accreditation Healthcare Commission (URAC) accreditation
or submits evidence of accreditation by the American Accreditation Healthcare Commission (URAC) for its Health and/or
Workers' Compensation Utilization Management Standards, and do hereby affirm that all of the information presented in this
application is true and correct.

(signature)

(date)